## LETTER OF VERIFICATION RESULTS AND ADVERSE ACTION FOR SNAP - SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM OR TEMPORARY FAMILY ASSISTANCE (TFA) HOUSEHOLDS.

(Note: Make changes as applicable for the School Breakfast Program. Due to extended eligibility, all siblings in the school system will be impacted by this change as well.)

Child's Na	Name:	
School: _	Date:	
Dear:		
	e records show that your household was not getting SNAP/TFA benefits within the timefram by federal regulations. To continue benefits for your child, the following must be done:	es
1. 2. 3.	sheet of paper; and	ned
	ld's free school meals benefits will be stopped on(Insert 10 calendar days from the above de receive this information. Any continued free or reduced price meals will depend on you cur dincome.	
If you do 1	not agree with the decision, you may discuss it with(School Official)	
by calling	g (School Official)  (Telephone No.)	
You also l	have a right to a fair hearing. To arrange for a fair hearing call or write the following officia	1:
City, Stree	eet, Zip:eet Number:	
	quest a hearing by, your child will continue to (Insert 10 calendar days from the date sent	ı
receive fre	ree meals until the decision of the hearing official is made.	
	e not eligible for benefits now, but your household circumstances change, you may fill out aron at that time to reapply for benefits.	1
Sincerely,	' <b>,</b>	

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